				CEEC EODM	SEEC				
		File with: Seat		SEEC FORM	DOLLAR	,		PERSO	DNAL
SE	EC	Seattle, WA 98			CODE		MOUNT	FINAN	CIAI
SEATTLE E	***************************************	Questions: (20		F-1					
	IS COMMISSION	(206) 615-1248	•	(7/18)	(1)	\$0	\$999		RS
L		polly.grow@sea	ttle.gov	(1110)	(2)	\$1,000	\$4,999		MENT
					(3)	\$5,000	\$9,999	,	
Deadlines:	Incumber	nt elected and app	ointed officials I	hy Δnril 15	(4)	\$10,000	\$24,999		
			ithin two weeks of		(5) (6)	\$25,000 \$100,000	\$99,999		\odot
			ppointed to a posi		(7)	\$200,000	\$199,999 \$999,999	*77404	
					(8)	\$1,000,000	\$4,999,999	100	777
SEND REPO	DRT TO S	eattle City Clerk			(9)	\$5,000,000		, I I	9-
									CO.
"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual smoot recently filled									
partner, sibling	g, uncle, au	nt, cousin, niece or	r nephew, if that per	son either resides	with or is a c	dependent on	the Covered Ind	ividual's most rece	ently_filled
rederal income	e tax return.	SMC 4.16.080						不 —	
Last Name		Firs	t	Middle	Initial	Names of it	mmodiate family	members. If the	117
	-1 -		전(Middle	i iiiiiai	reportable i	nformation to die	close for depende	ent children or
TUTT	LE	CA	THY	\vee		other dener	ndents living in w	our household, do	not identify
			•	•		them. Do is	dentify your spou	ise or domestic pa	rtner
Mailing Addres	ss (Use PO	Box or Work Addr	ess) *			1	, , opoc	or admodito pe	
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City		Cou	inty	Zip + 4		-		120	The second
Se Se	attle				•				
			King	98165					
Filing Status (C	Check only	one box.)				Office Held	or Sought		
	-	•						010	
☐ An elected	d or appoint	ed official filing and	nual report			Office title:	Seattle	City Co	ancil manh
☐ Final range	rt oo on alaa	atad afficial Taura	and and				· · · · ·	2117	ALICA THURSDAY
		cted official. Term				Position nu	mhor: ** -	1/	
X Candidate	runnina in	an election: month	August	vear	2019	1 osition nu	DISV	iict 4	
				, our _		Term begin		ends:	121/00
	ointed to a	n elective office					1/1/40	120 12	431/23
_		List sock smale							
1 "	NCOME	immediate family	yer, or other sour y member, receive	ce of income (pe	ension, soc	iai security,	legal judgment	t, etc.) from whi	ch you or an
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								ng the period. I	ilcidde Stock
		options received	during the reporti	ng period that ha				ng the period. I	nordae stock
Show Self (S)	Name and A	options received (Report interest a	during the reporti and dividends in It	ng period that ha	d a value of	more than \$	52,400.		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and A	options received (Report interest a	during the reporti	ng period that ha	d a value of	f more than \$	v Compensation	Amoun	t:
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3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intan	ngible pro	perty (including bu	t not limited	to stock option	ons) held o	during the
				Account or Description	n of Asset	Asset Value (Use 1-9		Amount 9 Code)
Α.	Name and address of each bank or financial institution in whi or an immediate family member had an account over \$24,000 time during the report period.	ch you at any				Code)		,
						(•/	(0)
В.	Name and address of each insurance company where you immediate family member had a policy with a cash or loan valu \$24,000 during the period.	or an				()	()
C.	C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.			EEXHIBI	TA	()	()
						()	()
							()
	EXAMPLE: If you self-directed an investment account identify stock or other asset in that account. Stock shall be report	y each ted by						,
	market value at the time of reporting.					()	()
Che	ck here Xif continued on attached sheet.							
4	List each creditor you or an immedi period. Don't include retail charge in Item 2.	accoun	ily membe ts, credit	er owed \$2,400 or r cards, or mortgage	nore any tim s or real est	e during the ate reported	AMO (USE 1-9	OUNT OCODE)
	Creditor's Name and Address			ns of Payment years at 5.25%)	Securi	ty Given	original	current
	NONE		(09. 0	you're at 0.2070)			, ,	()
Che	ck here 🗌 if continued on attached sheet.						()	()
5				E	Enter Dollar A	mount		
3	NET WORTH Enter your estimated net worth.			\$_7	,264,	158		
Sup	part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.							
offic	mbent elected officials filing an annual financial affairs a seholders unless all answers to questions A thru E are NO.	report a	ilso must	answer question	E. An F-1 S	Supplement is	required	of these
A.	A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company?							
B.	the reporting period? Me_ If yes, complete Supplement, Part A.							
C.	if yes, complete Supplement, Part A.							
D.	D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the reporting period? 10 graphs of the pay for a currently-held public office) at any time during the pay for a currently-held public office.							
E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.								
ALL	FILERS EXCEPT CANDIDATES. Check the appropriate b	ox.		Contact Telephone	369	362 9	739	*
	I hold a local elected office. I have read and am fam 2.04.300 regarding the use of public facilities in campaignees.	niliar wit gns.	th SMC	Email: INFO		hy4co	uncil	. (AVR)G
				Email:				Optional
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.								
3	11/19 CWM	M	Ra					
~	Date Signature)	.,					

Cathy Tuttle

SEEC-Exhibit A March 2019

Cash and Equivalents, Schwab Ba Schwab US Treasury	ank Sweep	439,908.00 75,000.00
Akiva Notkin (dependent 2018) I brake for people Fixed Income Corporate Vanguard Muni Bd Fund Equity US Growth Equity US Value Equity International Equity Alternative Multi-Strategy Equity US Small-Mid Cap	Badgley Phelps portfolio Badgley Phelps portfolio	108,314.00 46,052.00 2,476,303.00 114,160.00 983,434.00 814,621.00 557,966.00 284,022.00 391,378.00
TOTAL		6,291,158.00

King County Parcel 051000-2085-07	973,000.00
Net Worth, estimate	7,264,158.00